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UNFPA

UNITED NATIONS POPULATION FUND

PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Senegal
Support for a comprehensive population programme

Proposed UNFPA assistance:	$12 million, of which $9 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Senegal United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Economy, Finance and Planning

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SENEGAL

Demographic facts

Population Total (000)	
Total	7,327
Males	3,664
Females	3,662
Sex ratio (/100 females)	100.1
Urban	2,815
Rural	4,512
Per cent urban	38.4
Population in year 2000 (000)	9,716
Functional age groups (%)	
Young child: 0-4	18.0
Child: 5-14	27.4
Youth: 15-24	19.0
Elderly: 60+	4.7
65+	2.9
Women: 15-49	22.4
Median age (years)	17.2
Dependency ratios: total	93.6
(/100) Aged 0-14	88.0
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	1.05
Population density (/sq. km.)	37
Average annual change (000)	
Population increase	219
Births	346
Deaths	127
Net migration	0
Annual population total (% growth)	2.79
Urban	4.16
Rural	1.89
Crude birth rate (/1000)	43.9
Crude death rate (/1000)	16.1
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.17
Gross reproduction rate (/woman)	3.04
Net reproduction rate (/woman)	2.18
Infant mortality rate (/1000)	80
Life expectancy at birth (years)	
Males	48.3
Females	50.3
Both sexes	49.3
GNP per capita (U.S. dollars, 1989)	650

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $12 million, of which $9 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Senegal in achieving its population and development objectives. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This will be the third cycle of UNFPA assistance to Senegal. The second UNFPA programme, approved for four years by the Governing Council in June 1987, in the amount of $4 million, of which $2.8 million was from UNFPA regular resources, was extended to December 1991 in order to synchronize UNFPA's assistance programme with those of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

2. The proposed programme for the period 1992-1996 is based on: (a) the findings and recommendations of the UNFPA Programme Review and Strategy Development (PRSD) mission carried out in March 1991; (b) the lessons learned during the implementation of the two previous programmes; (c) the Government's VIIIth Orientation Plan; (d) the National Population Policy Declaration (NPPD) adopted in April 1988; (e) the country's Action Programme and Priority Investment in the Field of Population; and (f) additional consultations with national authorities on programme priorities and the role of UNFPA.

3. The long-term objective of the proposed programme is to strengthen the country's capacity to bring its population growth in balance with the country's natural and economic resources in order to improve the quality of life of each citizen. The immediate objectives are to assist the Government in: (a) decelerating the demographic growth rate by increasing the modern contraceptive prevalence rate from an estimated 4 per cent in 1990 to 15.4 per cent by 1996, reducing the total fertility rate from 6.6 to 5.9 by 1996, and increasing the age at which mothers give birth to their first child; (b) improving the health of mothers and children by reducing the maternal mortality rate; (c) bringing about behavioural change towards family planning through the elaboration, adoption and implementation of a comprehensive population information, education and communication (IEC) strategy; (d) strengthening the national capability to monitor, coordinate and evaluate the National Population Policy Declaration through the implementation and coordination of the first Action Programme; and (e) improving all aspects of the status and conditions of life of women, including the promotion of Safe Motherhood, by supporting the formulation of a women-in-development strategy that takes into consideration the population component.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. Demographic trends. Senegal's population totalled 6,928,405 inhabitants according to the 1988 census, and is estimated to be growing at 2.7 per cent per year. (See the demographic data sheet on p. 2 for United Nations projections.) At this rate, Senegal's population will more than double by the year 2015, reaching nearly 16 million. The crude birth rate was 47 per 1,000 according to the 1986 Demographic and Health Survey (DHS), as compared to 46 per 1,000 according to the 1978 Fertility Survey. The crude death rate has declined from 19 per 1,000 in 1978 to 17 per 1,000 in 1986. Infant mortality is still high, at 91 per 1,000 in 1988. Life expectancy at birth is rising slowly, from 45 years in 1976 to 48 years in 1986. A total of 58 per

cent of the population is under 20 years old. Internal migration is increasing: 32 per cent of the population is living in a region other than that at birth, compared to only 16 per cent in 1976. Average population density is estimated at 35 inhabitants per square kilometre in 1988, compared to 25 inhabitants per square kilometre in 1976. In 1988, 38 per cent of the population lived in an urban setting, up from 34 per cent in 1976 and 23 per cent in 1960.

6. According to the two surveys mentioned above, in 1986 the desired family size was 6.8, compared to 8.8 in 1978. Among currently married women who are not presently using contraception, 37.5 per cent either want no more children or want to space their next child. Women with no schooling wanted 7.4 children, while those with primary level education wanted 5.6 and those with secondary level education wanted 4.5 children. Comparative data from the 1978 Fertility Survey and the 1986 Demographic and Health Survey reveal a decline in total fertility, from 7.1 to 6.6. Girls marry at a young age in Senegal, at an average of 16.6 years in 1986 compared to 15.6 years in 1978. Women with no education tend to have their first child at 18 while for educated women it is after 22; the average age for rural women is 18.6 years compared to 21.4 years for urban women. Contraceptive prevalence is still low: in 1986, it was 11 per cent for all methods and 2.4 per cent for modern methods. This illustrates that the gap between knowledge and practice of contraception is still wide, since 91.5 per cent of married women know of at least one method.

7. The 1985 population projections using three varying assumptions about fertility trends clearly revealed that Senegal would experience massive population growth over the next 30 years. If fertility does not fall, the projected mortality decline will add to the already expanding youthful population and increase the dependency ratio from its current level of 95 to 103 by 2015. The impact of this would be felt in all aspects of economic and social development. The dependency ratio, employment, agricultural production, environment, educational quality and facilities, and health care quality and coverage will all be affected if the current rate of decline in fertility is not accelerated and sustained. Rapid population growth will certainly create considerable pressure on the resources of Senegal and will hinder rather than help the process of economic development and improvement in human welfare.

8. Maternal mortality is estimated to be exceptionally high at 750 per 100,000 live births. The high fertility rate is recognized as a major factor affecting maternal and child health. Childbearing starts at an early age: over 35 per cent of married women have their first child at 17 years or below, and the interval between pregnancies is less than 2 years in 48 per cent of cases. Sixty-two per cent of women deliver at home, with only 3 per cent of these being assisted. Thirty-nine per cent of the total population (100 per cent in urban zones) are within one hour's travel of a health care facility. National programmes to combat maternal mortality and to extend family planning have been prepared to address the problems of maternal and child health. A Declaration of National Health Policy defining principal strategic orientations of the sector was issued in June 1989. The Government is conscious of the potential threat of the spread of HIV infection and is taking active preventative measures through the implementation of a medium-term action plan on AIDS.

9. The literacy rate is 37 per cent among adult males and 19 per cent among females. The increase in the literacy rate has been higher for males than for females during the period 1976-1988, mainly because parents, especially in rural areas, are often reluctant to send their daughters to school. In 1987, approximately half of all children were enrolled in primary schools but only 15 per cent attended secondary school. A study undertaken by the National Population Commission (CONAPOP) recognized the value of the family code in protecting women's rights in Senegal. The Government's 1982 Action Plan for Women recognized the need to consider women's concerns in economic development. A retrospective and prospective study on Women in Senegal is being produced to shed light on the effectiveness of programmes targeting women and to devise strategies to the year 2015.

10. Until fairly recently, rapid population growth had not been viewed as a problem because for the decade after Independence economic growth was able to keep pace with population growth. During the 1970s,

however, economic growth fell behind population growth. Seventy per cent of the Senegalese workforce is engaged in agriculture, but this accounts for only 22 per cent of the gross national product (GNP). Per capita GNP is approximately $650 per year, a 13 per cent decline over the 1977 figure. This is due to the rapid growth in population without equivalent growth in productivity. In 1988 the unemployment rate stood at 18 per cent of the active population as compared to 15 per cent in 1976, and this situation is expected to worsen. This was exacerbated by the 1989 border dispute with Mauritania, which led to the return of a large number of Senegalese workers.

11. Concerned with the demographic impact on the country's future social and economic performance, in April 1988 the Government adopted a comprehensive National Population Policy. The Policy Declaration identifies young men and women as key participants in the effort to change fertility behaviour. The Government is reviewing the legal and regulatory measures that could have an impact on couples' desired number of children and their access to maternal and child health and family planning (MCH/FP) information and services. It established CONAPOP to serve as an advisory body on all population matters to the Inter-Ministerial Council. The Secretariat of CONAPOP is the Division of Human Resources in the Ministry of Economy, Finance and Planning. There are also plans to establish a High Council for Population and Human Resources Development to be presided over by the Head of State. In March 1991, the Government officially adopted a National Family Planning Programme (NFPP) and prepared a National Programme to Combat Maternal Mortality (NPMM) as integral parts of its Action Programme. The Government organized a donors' meeting on population and health in November 1991 to mobilize resources for the implementation of the Action Programme. A technical committee for monitoring the population policy and a consultative committee on population information, education and communication are among more recent measures taken to ensure smooth implementation of the Action Programme.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. UNFPA's first country programme was approved by the Governing Council in June 1979. The second country programme was approved in June 1987 in the amount of $4 million, of which $2.8 million was to be committed from UNFPA regular resources. Owing to initial delays during 1987 and 1988, the country programme was extended to 1991. Expenditures from 1987 to 1991 were estimated to amount to approximately $4.4 million. The PRSD mission noted that during the period 1987-1990 the Government began the implementation of the National Population Policy Declaration but also noted several problems. The main constraint was a lack of political continuity: there were three changes of Government during the programme period. The insecurity generated by this situation affected the national staff adversely. The overwhelming concentration of human and material resources in Dakar was another major constraint. The mission found an absence of information at the regional level, as well as the lack of region-specific measures.

Maternal and child health and family planning

13. The PRSD mission found that although there have been efforts to integrate MCH and family planning services, this has not been effective. At present, more than half of the population in Senegal does not have access to adequate MCH/FP services. MCH/FP activities are undertaken within specific projects funded by the donors, without adequate coordination and synergy in approach, resulting in a great disparity in service delivery. The information system constitutes a weak link in the health system, since data collection and analysis are not uniform throughout the country. Research applied to improve the performance of the MCH/FP programme is lacking. However, the mission noted positive measures taken by the Government since 1990 to improve the health of mothers and children. The institutional framework that caused tension between the Ministry of Health and the Ministry of Social Development has been improved by incorporating

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the two into the Ministry of Health and Social Affairs. In 1991, an official agreement was reached among the Ministries of Interior, of National Education, of Health and Social Affairs, of Youth and Sports, and of Woman, Child and the Family to define the role of each in family planning activities. The Government has issued a new decree defining MCH services that would include family planning as part of the basic MCH package and authorized health post nurses to distribute all types of contraceptives, except intra-uterine devices (IUDs).

14. Despite problems and constraints, current UNFPA assistance to improve family welfare in Senegal has contributed tremendously to improving the understanding of the programme approach. There is ongoing training in family planning for doctors, midwives and traditional birth attendants (TBAs). Opinion leaders have been informed of the family planning activities in their region. A standard list of contraceptives has been established. A knowledge, attitude and practice of family planning (KAP) survey has been undertaken in Dioubel, Goudini and Tambacounda, although the results have not yet been analysed to feed into the IEC training programme. Nationals have been trained to estimate national needs in contraceptives based on projected contraceptive prevalence for the next five years. The MCH/FP centres have acquired charts that help staff identify high-risk pregnancies, monitor the health of mothers and children, and monitor levels of stocks. The major contribution of UNFPA assistance has been to involve national staff in project design and implementation, thereby contributing to national capacity-building and sustainability. UNFPA's contribution to this sector during the period 1987-1991 amounted to over $1.7 million.

Information, education and communication

15. Activities in the past five years in the area of population IEC have generally lacked focus and cohesion. Various government units, NGOs, and funding agencies have carried out IEC activities in an uncoordinated manner. The major actors have been the United States Agency for International Development (USAID), which operated predominantly through the mass media, and UNFPA, which targeted local leaders to obtain community support. UNFPA planned to continue assistance to the institution responsible for coordinating IEC activities in support of the population programme. However, due to the frequent and fundamental changes that took place in the institutional framework during 1989 and 1990 and to insufficient technical backstopping by the executing agency, activities were considerably delayed. Meanwhile, UNFPA assisted in organizing a workshop for the dissemination of the findings of research on adolescent fertility. A study on attitudes towards family planning revealed that men, especially in the rural areas, are relatively uninformed about family planning, that the community lacks information on family planning and that religion plays an important role in understanding and adopting the concept of child spacing.

16. The PRSD mission found that the introduction of family life education for women in one test region, Louga, was successful. Family life education materials aimed at women's cooperatives were designed and tested and are now being introduced on a wider scale following the training of trainers. The first steps to introduce family life education in schools were taken in 1990, with the training of a national team of trainers in family life education concepts, and a review of the existing family life education material is under way. UNFPA assistance to the IEC sector during the period 1987-1991 amounted to $330,000.

Data collection and analysis

17. UNFPA assistance aimed to help the Government conduct a second population census, strengthen the civil registration system and establish a data bank for the analysis of socio-demographic data. The second population census was held from 21 May to 3 June 1988, with support from UNFPA, UNDP, USAID and the Canadian Government. Provisional results based on a sample of 10 per cent were published in December

1989. Processing and analysis of the data is ongoing. Based on the results of the two national censuses (1976 and 1988), the Fertility Survey and the 1986 Demographic and Health Survey, a synthesis of the demographic, economic and social situation of Senegal was published in March 1991. The PRSD mission noted that there are cases of duplication and lack of information exchange in the collection of data because of the absence of a computerized data bank. The mission also noted a lack of data on migration and general mortality but pointed out that plans to improve this situation are under way.

18. The coverage of the civil registration system reaches nearly 100 per cent of the population in the main cities of Dakar and St. Louis but is still low in other localities. Vital statistics from the civil registration system are not satisfactory because of the inadequate attention given by the Directorate of Statistics to the processing of the data and to the deficient state of the registers. The PRSD mission noted that there is no national programme of data collection, which has resulted in piecemeal and uncoordinated data collection operations. UNFPA assistance to this sector amounted to nearly $600,000.

Population policy formulation

19. UNFPA's support in the sector of population policy formulation has been aimed at assisting the Government to prepare a national population policy and enable the National Population Commission to fulfill its coordinating role. The Government adopted its National Population Policy Declaration (NPPD) in April 1988. Although the NPPD illustrates the possible evolution of Senegal's population using two scenarios, it was not specific on which scenario to adopt. The PRSD mission found that the objectives of the NPPD were too general and were not quantified. The mission noted that the strategies identified in the NPPD are mostly of a demographic nature and do not include strategies relating to concerns such as environment, food security, regional planning and rural development. The gaps in knowledge identified in the preparation of the NPPD are to be filled in with the in-depth analysis of the 1988 census and the 1986 Demographic and Health Survey. The mission also found that although the Action Programme comprises 17 projects, it does not clearly spell out programme objectives or strategies.

20. UNFPA support suffered many set-backs at the onset because of the difficulty in identifying and fielding experts in population policy and in population and spatial distribution. However, since the arrival of the population and spatial distribution expert in July 1990, a national seminar on human settlements was organized in January 1991. Regional councils on population and spatial distribution have met in five regions, and training in data processing has started in preparation for the interregional and intraregional surveys to be undertaken in 1991. The CONAPOP met to review the legislative and legal measures to be taken to implement the NPPD. Information seminars were organized for planners at the central, sectoral and regional levels. In view of the Government's personnel cuts, UNFPA has assisted in the recruitment of two demographers, a sociologist, an economist, a planner and a documentalist at the Division of Human Resources. UNFPA assistance to this sector amounted to over $1.2 million.

Women, population and development

21. UNFPA's support to the sector of women, population and development has been aimed at introducing population IEC and family life education concepts to women in the workplace, thus encouraging their participation in MCH/FP programmes. For example, UNFPA provided support to a group of seasonal laundry women working in Dakar so that on their return to their villages of origin, they could tell others about the basic concepts of family life education. UNFPA also provided assistance to women's groups in 33 villages in Louga. Two seminars on family life education and on participatory communications skills have been organized to train coordinators and rural animators. UNFPA assistance has been used to train 100 traditional leaders

(70 women and 30 men) to become animators and to develop didactic materials for them. Such efforts have helped these leaders to reach an estimated 4,500 persons at the village level. The main constraints included the lack of appropriate communication channels; the inadequacy of MCH/FP services to respond to the demand generated; the lack of involvement of health personnel; the weak system of selection of animators; the lack of an effective evaluation system; and the modest investment made. UNFPA assistance to this sector amounted to nearly $275,000.

Other external assistance

22. Among donors from the United Nations system, UNDP provided $540,000 for the 1988 population census. It also supported the Planning Directorate in developing models and carrying out studies related to the population policy. UNICEF aided the Government with an amount of over $7 million from 1987 to 1991 to increase the rate of immunization of children from 20 per cent in 1986 to 61 per cent in 1991. A credit agreement with the International Development Association of the World Bank was signed in February 1991 in the amount of $35 million over three years for a project to develop human resources. Of this amount, $10.9 million has been earmarked for population activities.

23. USAID contributed $20 million during 1985-1991 to population and health activities. Support was given to family planning activities in the six regions not covered by UNFPA. USAID has earmarked $29.5 million for support to population activities for the period 1992-1997. In addition, it has just approved $15 million to provide technical and financial assistance to NGOs in the population and health field in Senegal, in collaboration with the Ministry for Woman, Child and the Family. USAID, together with The Ford Foundation, is supporting activities undertaken by The Population Council. Many bilateral donors, such as Belgium, France, Japan and Italy, are present in the health sector, providing assistance for medical equipment and renovation of health centres as well as technical assistance. The Government of Canada contributed to the 1988 population census and is providing assistance for the computerization of the civil registration system in Dakar. Preparations for the national migration survey are being funded by the Government of Canada through the International Development Research Centre.

24. The Association Sénégalaise pour le Bien-être familial (ASBEF) is active in the promotion of child-spacing activities. In the Louga region, where UNFPA is conducting family life education activities, women have access to ASBEF clinics for family planning and sterility counselling and services. The International Planned Parenthood Federation (IPPF) grants $300,000 to ASBEF each year.

IV. PROPOSED PROGRAMME 1992-1996

25. The long-term and immediate objectives of the proposed programme are spelled out in paragraph 3 above. The strategies proposed by the PRSD mission to achieve these objectives are the following: (a) updating and quantification of the objectives of the National Population Policy to enable effective monitoring and evaluation and to involve the private sector and NGOs in the implementation of the policy; (b) consolidation of the institutional infrastructure for the coordination of all activities in the area of population; (c) support to the regionalization process; (d) rationalization of training and research; (e) further integration and improvement of MCH/FP services; (f) promotion of understanding of the concept of women, population and development; (g) rationalization of the collection, dissemination and utilization of population information; and (h) continuation of efforts to increase awareness of population issues in order to bring about new attitudes and behaviour.

Maternal and child health and family planning

26. In view of the present high maternal and infant mortality and morbidity rates, the high fertility rates, the low contraceptive prevalence rate as well as the unsatisfactory performance of the existing MCH/FP service delivery points, priority would be given to this sector under the proposed programme. UNFPA would collaborate with USAID and the World Bank in helping the Government to reach and, if possible, to surpass the targets of the National Family Planning Programme: (a) a contraceptive prevalence rate of 15.4 per cent by 1996 and 22 per cent by 2000 in order to achieve a total fertility rate of 5.9 by 1996 and 5.7 by 2000; and (b) 219,000 users of modern contraceptives by 1996 and 320,000 users by 2000. To attain these, the Government intends to: (a) increase the number of public family planning service delivery points by providing family planning services at the health-post level; (b) increase the number of family planning clinics in factories and parastatal organizations from 42 to 74; (c) gradually expand the pilot community-based distribution of contraceptives; (d) involve NGOs in the sale of condoms at 5,000 distribution points; and (e) develop a strategy for IEC support to family planning services. USAID's support to this sector will be geared to strengthening the MCH/FP statistics and information system, improving the logistics system, establishing a model family planning clinic at central level, strengthening regional and district health services, supporting the private and parastatal sectors and mass-media IEC activities, as well as supporting the conduct of a KAP survey on male motivation, and providing requirements in oral contraceptives, IUDs, condoms, spermicides, and implants. The World Bank will support training in family planning for staff of health posts, strengthen MCH nutrition services, support the extension of family planning services to the private and parastatal sector and improve the counselling techniques of health staff.

27. UNFPA's contribution to this strategy would be to help in: (a) improving the quality of services in the public sector by strengthening management capabilities, increasing the intake capacities of a selected number of clinics and strengthening the capability to provide permanent methods of contraception; (b) providing institutional support to local NGOs working at the community level to increase community-based distribution of contraceptives; and (c) narrowing the gap between family planning knowledge and reproductive behaviour by preparing an IEC strategy in support of family planning activities.

28. UNFPA would provide support for the implementation, monitoring and evaluation of the National Family Planning Programme. This will provide an opportunity to review the objectives and targets and to revise them if necessary. Proposed activities would include harmonizing family planning training modules and teaching support materials and helping to ensure that national family planning objectives are reflected in regional and district health plans. Regularly updated and consolidated plans would be elaborated for projecting contraceptive needs. UNFPA would seek to ensure that contraceptives remain in the essential drugs programme. The functioning costs of the model family planning clinic at the central level would be shared by UNFPA, USAID and the World Bank. One model clinic per region would be upgraded and/or renovated and adequately equipped to ensure that the widest choice of contraceptives is offered. UNFPA would continue to provide injectables, oral contraceptives and some IUDs. A feasibility study would be undertaken to explore the possibility of the local packaging of contraceptives.

29. Taking into account the results of a pilot community-based distribution programme, UNFPA would help expand this programme in order to reach the community at large. The Fund would work closely with UNICEF to train 750 TBAs and 75 supervisors, as well as to provide TBA health kits. National NGOs that are active at the community level would be encouraged in their promotional and information activities. Together with USAID, UNFPA would support the social marketing of condoms.

30. There is a need to bring about an attitudinal and behavioural change towards family planning, but the Health Education Unit in the Ministry of Health and Social Affairs is weak in support of family planning activities. UNFPA would therefore assist in developing an IEC strategy in support of family planning, terms of reference for health education staff, and educational support materials, and would help in training health education staff in population and family planning so that family planning education becomes an integral part of health education.

31. Within the framework of the Joint Consultative Group on Policy (JCGP), efforts would be geared to reducing maternal mortality rates and promoting Safe Motherhood. This would involve training TBAs in identifying women most at risk during pregnancy. A referral system for at-risk pregnancies and family planning would be set up within the formal and informal health sectors. UNFPA support to the MCH/FP sector would amount to $3.2 million, of which $350,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

32. The major objective of the proposed programme in the area of IEC is to assist the Government in creating and sustaining a general awareness and understanding of the interrelationships between population, development and family well-being. The major strategies are: (a) to formulate a comprehensive IEC programme in support of population activities; (b) to strengthen the Government's capacity to implement, monitor and evaluate the IEC strategy; and (c) to continue awareness-creation activities at the community level with a special focus on youth and males.

33. UNFPA would support the Population IEC Unit based in the Ministry of Economy, Finance and Planning to ensure coordination between all IEC activities. This Unit would be given the additional mandate to conceptualize, test, and evaluate IEC actions proposed by different government agencies and NGOs, ensure the exchange of information and act as an advisory body. The Unit would be the leading institution in developing a socio-culturally sensitive population IEC strategy. The Unit would also be in charge of translating the National Population Policy Declaration into local languages and disseminating it throughout the country.

34. UNFPA would continue its support for awareness-creation activities geared to religious and political leaders, as well as to the general public, especially youth and men. UNFPA, in collaboration with the World Bank, would provide special support for the education of adolescents in and out of the formal school system on responsible parenthood and family life concepts. UNFPA would support the training of trainers, and the preparation of training modules and reading materials tailored to the target groups and other information materials on family life education and responsible parenthood as well as help in establishing counselling centres.

35. The family life education in-school programme is working both at the primary and secondary school levels. The development of a revised curriculum and teaching materials and teacher training are the cornerstones of the new programme, which also includes a component for creating awareness among parents on the programme and its contents. It is expected that by the end of the programme, a new family life education curriculum would be tested at the primary level in three regions and introduced in all secondary schools.

36. UNFPA would promote the incorporation of a combined package dealing with family life education, population, environment and gender awareness in existing rural development projects and income-generating

schemes. Training curricula, modules and other teaching materials appropriate for the sector concerned would be designed and courses to train trainers set up. The national training institutions would be strengthened in order to train professionals at the highest level. UNFPA support for IEC activities would be $4 million, of which $1.5 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

37. The objective in the area of data collection and analysis is to strengthen the Government's capacity to implement, monitor and coordinate population data collection activities. To achieve this, the PRSD mission recommended: (a) developing a population data collection strategy and programme, in a joint effort with the Division of Human Resources and the Directorate of Statistics; (b) strengthening the Directorate of Statistics by providing training in data analysis; and (c) promoting the decentralization of data collection operations. Continued assistance to the Directorate of Statistics is envisaged for the further analysis, publication and dissemination of the 1988 population census results as well as for the preparations for the 1998 census that are to start in 1996. UNFPA would support the improvement of statistics on women's economic activities by providing technical assistance, printing costs, in-country training and dissemination seminars at the regional level. In addition to these data collection operations, studies would be carried out to obtain long-term feedback on the impact of population programmes at the community level. If multi-bilateral funding permits, assistance would be provided to the migration and urbanization survey. Financial support for these activities would reflect the government policy of decentralization by providing equipment and training staff at the regional level.

38. UNFPA would provide support for strengthening the vital statistics system, with emphasis on improving registration efforts in rural areas through increased awareness-creation campaigns. UNFPA would ensure that these activities are self-financing and that linkages with the Directorate of Statistics are strengthened. The total amount proposed for this sector is $900,000, of which $250,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

39. Despite the fact that Senegal has made progress by adopting a national population policy in 1988, it is still necessary to review, refine and quantify the objectives of this policy. UNFPA therefore foresees continued assistance to the Division of Human Resources for the elaboration of quantified objectives to be included in the 1995 revision of the policy or earlier, if needed. The newly established High Council for Population and Human Resources Development and CONAPOP would be encouraged to meet regularly in order to provide guidance during the preparation of quantified objectives. Support would be given to elaborate a strategy and priority programme of action for population data collection and to establish a population documentation centre and data bank. In addition, UNFPA would support intersectoral coordination activities and the strengthening of the Division of Human Resources in terms of staffing and training of personnel. UNFPA would contribute, together with other donors, to the recently established national research fund on population.

40. With regard to the Government's programme for planning for spatial redistribution, UNFPA support would only be required to complete the present phase, which would take population into account in the preparation of the regional plans for spatial distribution. Support for implementation of the regional plans would be undertaken in collaboration with UNDP and, possibly, with other donors.

41. Given the increasing importance and complexity of the Senegalese population programme, there is an increasing need for adequately trained human resources. The needs are greatest in the areas of reproductive health, demography, and population and family life education and communication. UNFPA support is therefore recommended, together with other donors, for the establishment of teaching facilities, preferably at the University of Dakar, pending the results of a feasibility study currently under way. The teaching would be aimed at both graduate and undergraduate students and would seek to ensure that the largest possible number of students understand the basic notions of human reproduction, demography and population education and communication before they leave the university. The total amount proposed for this sector is $1.6 million, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

42. The major objective in the area of women, population and development is to ensure that issues pertaining to women's fertility and reproductive health are given due consideration. This would involve formulating a comprehensive strategy and disseminating it nationally. UNFPA would support the Ministry for Woman, Child and the Family in conducting research on the interrelationship between women's reproductive health and their socio-economic status. UNFPA's assistance is also recommended for disseminating information on such topics as the condition of women, women's legal rights, family law, and traditional practices harmful to women. Publications would be prepared in popular formats and translated into the major Senegalese languages for dissemination among adolescents with primary school-level education and among semi-literate women as learning and reference materials.

43. UNFPA would continue to support the design of culturally-sensitive family life education materials for use by women's groups and villages. It is expected that the demand for this type of materials would drastically increase in the next few years with the implementation of the new women, population and development strategy. The PRSD mission recommended that the experience gained in Louga should be repeated in the Ziguinchor region, where different cultural values prevail. In order to meet the demand for family life and responsible parenthood education for adolescents in the large suburban areas of the capital, and in line with recommendations by the Children's Summit for the protection of young girls, UNFPA would assist local NGOs in establishing urban counselling centres for young adolescent girls in collaboration with UNICEF. It is recommended that UNFPA support in-depth research on the demographic implications of rural-urban migration of women. UNFPA proposes to provide a total of $1.45 million to the sector of women, population and development, of which $350,000 would be sought from other sources, including multi-bilateral sources.

Special programmes

44. Population and the environment. UNFPA, in a joint effort with other JCGP members, would assist population and family life education activities linked to environmental sanitation programmes. The major United Nations agencies already involved in such efforts are the World Food Programme and UNDP; UNICEF and UNFPA are planning to join in this effort. UNFPA would support the training of trainers in family health and family life education, integrating project management components into the training and making use of community-level workshops.

45. A special programme to create awareness of the impact of demographic growth on the environment and on family life has been identified for implementation by the national scouts movement. It is expected that by selecting scouts as a prime target group, a well-informed peer group would be created that can help to

accelerate the spread of messages concerning family life and responsible sexual behaviour among adolescents in Senegal. The total amount proposed for these special programmes is $600,000, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

45. An amount of $250,000 has been set aside in reserve to fund some priority activities for which resources have not been allocated under the proposed programme.

Programme coordination

47. The responsibility for coordinating the population programme lies with the Ministry of Economy, Finance, and Planning. Intersectoral coordination is overseen by CONAPOP, which will extend to the regional level. An informal network exists to allow better collaboration and coordination of the actions undertaken by agencies active in the area of adolescent fertility to ensure harmony of actions with the IEC strategy. In addition, Senegal is an active member of the regional network on research in reproductive health, initiated by The Population Council. An AIDS Coordination Committee exists, of which UNFPA is a member. On the donor side, there is an informal donor network on population of which UNFPA acts as the secretariat. This donor network is a valuable tool for exchange and dissemination of important information and evaluation reports. The JCGP partners meet regularly, usually with the participation of UNIFEM and WHO. Synchronization of the programming cycles of the JCGP partners has been achieved. Several components of the programme include collaborative activities with other organizations, notably UNICEF and UNDP.

Programme monitoring, evaluation and management

48. All projects under the proposed programme would have built-in monitoring and evaluation components, with clear mechanisms for ensuring regular reviews of the implementation status of planned activities as well as the assessment of the results and of the contribution of such activities to the achievement of overall goals. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. The proposed country programme would be closely monitored by the staff of the UNFPA Office in Dakar, in accordance with the procedures established in the latest UNFPA guidelines on monitoring and evaluation of UNFPA-supported projects and programmes. Progress reports would be prepared on an annual basis; tripartite reviews would be held annually; a mid-term country review would be organized between UNFPA and the Government in 1994; and a final, independent evaluation of the whole programme would take place in 1996. The capacities of the central government agency responsible for the coordination and implementation of the programme and the major units involved in UNFPA project execution would be strengthened by the organization of training courses on project monitoring, evaluation and management by the UNFPA office.

Financial summary

49. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $12 million over the five-year period 1992-1996, of which $9 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources

become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,850,000	350,000	3,200,000
Information, education and communication	2,500,000	1,500,000	4,000,000
Data collection and analysis	650,000	250,000	900,000
Population policy formulation	1,200,000	400,000	1,600,000
Women, population and development	1,100,000	350,000	1,450,000
Special programme	450,000	150,000	600,000
Programme reserve	250,000	--	250,000
TOTAL	9,000,000	3,000,000	12,000,000

V. RECOMMENDATION

50. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Senegal in the amount of $12 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $9 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $3 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Senegal and with the executing agencies.